

COURT REPORT COMPONENTS & PARENTING TIME PLAN

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This reader consists of information about court reports and parenting time plans including what they are, who they are written for, why, when and how they are written, and the components of each. Also include are tools and examples to use to guide you when writing court reports and parenting time plans.

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Court Report



What is a court report?

The court report is a document for the court and all the interested parties concerning the current circumstances of the child and family and the family's progress achieved in the established, court adopted, case plan for rehabilitation. The report will include further recommendations regarding continued court involvement and case plan for the family. (Court and Legal Guidebook for CAN)

You will often hear people say “case plan/court report” when talking about court reports. A court report and a case plan are two separate documents, but when you are working on a case with court involvement these two documents, along with other attachments, will be submitted to the court and all parties together.

Court reports are written for each case that is court involved no matter the adjudication.

- Neb. Rev. Stat. 43-247(3)(a) Child Abuse/Neglect/Dependency
- Neb. Rev. Stat. 43-247(3)(b) Status Offense
- Neb. Rev. Stat. 43-247(1)(2) and (4) Juvenile Offender



When is a court report written?

Initial Dispositional Hearing

This hearing is to determine what will be done with or by a child or parent(s) who is under the court's jurisdiction which has been adjudicated by the court. At this initial dispositional hearing, the judge will order the implementation of a plan of rehabilitation for the family or will terminate the court's jurisdiction if appropriate.

Dispositional Review Hearings

These hearings are judicial re-examinations of the court's previous orders. The legal counsel for all parties will have the opportunity to present evidence or oral commentary on the case's progress or lack thereof. The judge will again re-issue a court order reflecting a current plan of rehabilitation or will terminate the court's jurisdiction if appropriate. State law mandates that dispositional review hearings must take place at least once every six months following the initial disposition hearing for children in foster care.

Permanency Hearings

Federal and state statutes require several types of permanency hearings, which are described below:

- a) When the court determines that reasonable efforts to preserve and reunify the family are not required, a permanency hearing shall be held within 30 days after that determination.
- b) When the child is in out-of-home care, a permanency hearing is required no later than 12 months after the child entered foster care AND ANNUALLY THEREAFTER during the continuation of foster care.
- c) When the child has been in out-of-home care for 15 of the last 22 months, under the responsibility of DHHS, within 30 days the court must hold a hearing.

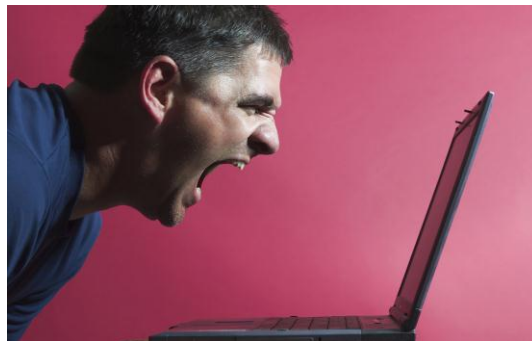
How is a court report written?

To prepare for writing a court report the following things should be gathered:

1. The current court order to gauge the family's progress in following/completing court orders and to make sure the Department and providers are following all court orders.
2. The current court report and case plan, if there is one.
3. Current letters from therapists, psychologists/psychiatrists, school teachers, or any other person involved with the child and family who would have some helpful information for the court and all parties. These letters should be requested several days prior to when the court report will be written to allow the provider time to prepare it. **TIP:** It is helpful to use a form letter like the one on page 8 when making this request. Your office may already have a letter such as this that they use.
4. Any pertinent Family Support Worker, Community Treatment Aide, Intensive Family Preservation notes regarding visitation/parenting time and/or other services.
5. The child's current grade report, Individualized Education Plan (if applicable), attendance record (if applicable).
6. The child's current medical information. If the child's medical status is unknown the doctor, eye doctor, dentist and any other doctor seeing the child should be called to see when the last time the child was in, what they were seen for, what the outcome was and any need for further visits to the doctor. **TIP:** These medical providers should be called at least two days before the information is needed to give the medical provider time to gather the information.
7. The most current report from the foster parent, agency providing foster care or facility providing placement and care.

TIP: Time should be “scheduled” to write the court report. Scheduling each and every court report that has to be written will stop the frantic rush of getting it done and into the court on time. Time should be allowed for the court report to be reviewed and for recommended changes to be made.

Scheduling time and properly preparing to write a court report can prevent this from happening...



_____*provider name*_____
_____*provider address*_____
_____*city, state, zip*_____

_____*date*_____

Dear _____*provider*_____,

I am the case manager for _____*child/parent/family name*_____.

I am requesting an update letter from you to submit at an upcoming court hearing. In your letter please tell me what you and _____*child/parent/family*_____ are working on in therapy, the progress being made, and any recommendations for continuing or changing the current treatment plan. Please feel free to add any other additional information you think the Court may need to know.

You can fax your letter to me at _____*fax number*_____ or mail it to me at

_____*mailing address*_____. I am asking that you have the letter to me by

_____*date you need letter*_____. Please call me at _____*your phone number*_____

if you have any questions.

Thank you,

_____*Your Name*_____

What are the components of a court report?

A blank court report/court report checklist can be found on pages 11-15. The front page of the court report is the demographics of the case. This will be filled in on N-FOCUS and it will populate when the court report is printed.

After the front page, everything on the blank court report/court report checklist that is bolded is a court report component. All of these areas are on N-FOCUS and are to be filled out. The rest of the information on the blank court report/court report checklist shows you what goes in each component or section of the court report. **TIP:** Add this checklist to your desk aid. It will be very helpful when writing and reviewing court reports.

The court report has case narratives and person narratives. Case narratives are about the entire case as a whole. Person narratives are about the individual child or children in the case. EACH child in the case will have their own person narratives. If there are six children in a case, six person narrative sections will be written. If there is only one child in the case, one person narrative section will be written.

The case narratives are:

- History of Previous Service Intervention
- Parent/Child Visitation Contacts
- Visitation Plan & Modifications
- Child Support
- Summary

The person narratives (done for each individual child or children) are:

- Reasonable Efforts
- Rationale for Placement
- Development/Education/Vocation
- Medical Conditions/Needs
- Behavior/Relationships
- Tribal Notifications

Nebraska Department of Health and Human Services
COURT REPORT

Court Docket and Page #
Date of Preparation:

FAMILY INFORMATION

Parents:

Name:
Address:

Name:
Address:

Primary Caretaker/Custodian:

Children:

Name:
Legal Status:
Race:
Ethnicity:
Birth date:
Adjudication:

Age:

Adj. Date:

Disp. Date:

Judge:

Attorneys:

Case Manager:

Local Office:

Address:

Telephone:

Supervisor:

Local Office:

Address:

Telephone:

Other Agency personnel/Department workers involved with this family:

If a question appears to not be applicable, proceed to the next question.

Document the source of all information.

Do not cut and paste information from the initial assessment or copy information word for word from police reports or court documents.

Spell out dates (January 1, 2007)

History of Previous Service Interventions: (case narrative/refers both to past and current intervention)

1. What does the petition say about the reason for agency involvement?
2. What are the details of the adjudication (e.g., when, admit or deny, trial)? Note that the adjudication, adjudication date, and docket and page number will automatically print on the first page under *Family Information* if the information is entered as a *Legal Action* in N-FOCUS.
3. Who are the parents (both mother and father)?
4. Who are the children? How old are they? Are they in the home?
5. What is the history of services provided to the family (by the Department or other service providers, possibly before the Department became involved)? What problems led to these interventions?
6. If the child(ren) were removed, who were they removed from? What was the safety issue?
7. What efforts have we made to keep the children in the home? If they are out of home, what efforts have we made to return them home?
8. For reports on review hearings, what formal and informal services have been provided during the period since the last court report? Why was the service provided and what was/is to be achieved as a result of the service?

Parent/Child Visitation/Contacts: (case narrative)

9. What have visitations been since the last court hearing? (who, what, when, where, etc.)
10. How have visitations gone? List any significant good or bad things that have happened. Be specific, including dates and reasons for missed visitation.
11. Have visitations occurred with both parents? If not, why?
12. Have visitations occurred with siblings? If not, why?
13. Are visitations supervised or monitored? Why or why not?

Visitation Plan & Modifications: (case narrative)

14. What was the visitation order at adjudication? Have visitations been occurring according to the order?
15. What is the visitation plan (attach)?
16. If there is a non-custodial parent, does a district court order exist for visitation? What visitation does the court order indicate?

Child Support: (case narrative)

17. Has paternity been established for all children? If not, request that the court order the mother to participate with paternity requests.
18. Is anyone paying child support? If so, who is paying and for whom? What is the amount of the support? In what county is the support ordered? What is the support order number? Is the parent current in his or her payments? If not, how far behind are they?
19. If the child(ren) are in out-of-home care, has child support been ordered? If not, request that the court a) order the parent to pay support and b) transfer the court order for child support to district court.
20. If the child(ren) are in out-of-home care, record the date that a referral was made to child support enforcement

CHILD INFORMATION

Child Name:

Mother:

Father:

Reasonable Efforts: (person narrative, done for each child)

21. What efforts have been made by the agency to avoid the need for placement? If efforts were not successful, why not?
22. If the child can't be protected from identified problems in the home, even if services are provided to the family, why not?
23. If the child is not placed with his or her non-custodial parent, why not?
24. What relatives and friends have been contacted about providing placement? What are their addresses and phone numbers?
25. If the youth is free for adoption, what efforts have been made to complete the adoption? Has the child been placed on the adoption exchange? If so, on what date did this occur? If not, why?
26. What efforts have been made toward achieving the permanency goal?
27. Include the following language: It is the agency's belief that reasonable efforts have been made in order to make it possible for [child(ren)'s name(s)] to [remain in OR return to] the family home but it is contrary to the child(ren)'s best interest.
28. When did family team meetings or family group conferences take place? Attach sign-in sheets

Rationale for Placement: (person narrative, one for each child)

29. How many miles is the child from the parent? Is this placement the least restrictive and in the best interest of the child? Note that the range of miles will automatically print if it is entered in *Placement Detail, Additional Detail*.
30. What is the name and address, type, and date of the current placement? What is the history of placements since the last hearing? Note that the youth's most current placement on N-FOCUS will automatically print in this section.
31. How does this placement meet the child's needs? (Be sure to complete the *Placement Detail* questions; those with an answer of yes will automatically print.)
32. How the child doing in the placement?
33. What is the discharge plan? What is the targeted discharge date?
34. Out of the last 22 months, for how many months has the child been out of home? If the child has been out of home for 15 out of the last 22 months, attach a statement regarding termination.

Development/Education/Vocation: (person narrative, done for each child)

School Name:

Grade Level:

35. What is the name and address of the current educational program? (If information is entered in N-FOCUS in the Person Detail, School Information section, this information will automatically print.)
36. What grade is the child in? (see above)
37. Does the child have any special needs? Does the child have an IEP? If so, include.
38. What is the child's progress, both academically and behaviorally? (attach report card and attendance records)
39. Does the youth have any employment or vocation?
40. If the youth is 16 or older, attach an Independent Living Plan (ILP). Please make sure to check the box on the case plan, indicating that the youth has an ILP.

Medical Conditions/Needs: (person narrative, done for each child)

Physical Exam:

Dental Exam:

Vision Exam:

41. What is the name and address of the doctor who conducted the child's most recent physical exam? (If information is entered in N-FOCUS in the Program Person, Medical section, this information will automatically print.)
42. What is the name and address of the dentist who conducted the child's most recent dental exam? See above
43. What is the name and address of the doctor who conducted the child's most recent eye exam? See above
44. Is the child current on all immunizations?
45. Does the child have any known medical conditions? If so, what is being done about them?
46. Is the child on any medications? If so, what are they and what are they for?

Behavior/Relationships: (person narrative, done for each child)

47. What are the child's current behaviors in the home and in the community? Note whether there is a difference from one setting to another. Indicate strengths as well as concerns.
48. Describe relationships that the child has (e.g., at school or with parents, providers, or peers)
49. Describe any behaviors with which providers are parents may be concerned, including what is being done to address them.

Psychiatric/Psychological Conditions/Needs: (person narrative, done for each child)

50. What are the names and addresses of any mental health professionals the child may be seeing?
51. List any current diagnoses and who gave them
52. List current medications and what they are for
53. Attach current treatment plan
54. Attach updated letter from professional on child progress

Tribal Contact/Notification: (person narrative, done for each child)

55. Does this family have tribal affiliation? Report when both sides of the family were asked and how they responded. DO NOT say "this worker is unaware of any tribal affiliation." (If information is entered on N-FOCUS in the Person Detail section, the name of tribe will automatically print.)
56. If the family does have tribal affiliation, what has been done to notify the tribe?
57. Who was notified in the tribe and when?

SUMMARY (case narrative)

58. Briefly summarize the reason for the adjudication.
59. If there were any specific things that the Department was ordered to do in the last court order, outline what was done to comply with that order. When was the case plan modified to reflect that?
60. Outline the family's compliance with the case plan
61. Make sure any new concerns since the adjudication hearing are addressed and describe the plan to deal with these concerns.
62. Address all permanency concerns and summarize efforts to achieve the permanency plan. Articulate how we are meeting the emotional, cultural, religious, physical, and psychological need for permanency with the child by maintaining family ties or developing new family relationships
63. Address all areas of well-being. Summarize the strengths of the child and the family. Articulate the process for meeting the emotional, cultural, religious, physical, and psychological needs of the child/family. What activities/efforts are being made to ensure the child/family is happy and healthy?
64. In the last paragraph, summarize the Department's recommendation as far as closure or remaining in the care and custody of the Department. Recommendations need to be strongly supported.

RECOMMENDATIONS**CHILD'S NAME**

It is recommended the court order:

Custody of the child remains with/returns to:

The child's needs for safety, health and well-being are/are not being met.

All/Some/Most services are being provided in compliance with the case plan.

Excellent/Good/Fair/Poor progress is being made to alleviate the causes of out-of-home placement.

Reasonable/Active efforts

The primary permanency plan of _____ is being achieved by _____.

WORKER

DATE

SUPERVISOR

DATE

The screenshot displays two overlapping windows from the N-FOCUS Court Report application. The top window, titled 'N-FOCUS - Court Report - Child information', contains a section 'CHANGES WILL BE APPLIED TO SELECTED PARTICIPANTS' with a 'Case Plan Progress' list. The bottom window, titled 'N-FOCUS - Court Report - Reasonable Efforts', contains a similar section with a list of options regarding court orders for removing a child. Both windows have 'OK' and 'Cancel' buttons at the bottom.

N-FOCUS - Court Report - Child information

CHANGES WILL BE APPLIED TO SELECTED PARTICIPANTS

Case Plan Progress

- 1) Custody of the child [dropdown] for appropriate care and placement.
- 2) The child's needs for safety, health, and well-being [dropdown] being met.
- 3) [dropdown] services are being provided in compliance with the case plan.

Out of Home Care

- 4) Select, if appropriate:
 - ☐ Removal from the home was necessary because continuation therein would have been contrary to the welfare of such child.
- 5) The placement out of the home [dropdown] necessary due to:
- 6) [dropdown] progress is being made to alleviate the causes of out-of-home placement.

OK Cancel

N-FOCUS - Court Report - Reasonable Efforts

CHANGES WILL BE APPLIED TO SELECTED PARTICIPANTS

Select the appropriate option below regarding the court order removing the child:

- ☐ Reasonable/Active efforts have been made to preserve and reunify the family prior to the placement of the child in out-of-home care.
- ☐ Reasonable/Active efforts have been made to prevent or eliminate the need for removing the child from the child's home.
- ☐ Reasonable/Active efforts to preserve and reunify the family are not necessary because the parent of the juvenile has subjected the child to aggravated circumstances.
- ☐ Reasonable efforts are not necessary because on [dropdown] the court found reasonable efforts were not required.
- ☐ Reasonable efforts [dropdown] been made to place the child in a permanent setting.
- ☐ Reasonable Efforts have been made to reach the permanency objective previously ordered by the court.

OK Cancel

N-FOCUS - Test Date
11-08-2006 09:13

The recommendations at the end of the court report come both from information already on N-FOCUS and information that will be added. The first part of the recommendations comes from two N-FOCUS screens shown

Based on the answers to the questions, a list of federally required statements will appear on the court report under this section. The permanency plan and date of achievement listed on the Detail Case Plan Window will appear in this section when printed. When there is a concurrent plan listed on the Detail Case Plan Window, it will appear in this section when printed.

The next part of this section is where the Department's recommendations are typed into the recommendation narrative box on N-FOCUS. Usually, the first three recommendations are standard and written for every case. The wording will be modified to fit each case circumstance. This would not be true if case closure was being recommended. Then there would only be one recommendation; that the case be closed and the Department relieved of all responsibility. If asking for the case to remain open, the first three recommendations would look something like this...

1. That (child's name) remain in the temporary legal custody and physical custody of the Nebraska Department of Health and Human Services for placement, treatment and care.
2. That the Nebraska Department of Health and Human Services and the Guardian Ad Litem have access to the child(ren) and to all information pertaining to their placement, treatment and care.
3. That the Nebraska Department of Health and Human Services, Guardian Ad Litem, school personnel, and all other service providers working with the family be authorized to exchange information related to the development or evaluation of a plan to correct the conditions resulting in the adjudication.

REMEMBER even though these recommendations look similar on each court report they have to be modified to fit the particular family that the court report is being written for.

This section would list things recommended for the court to order. Examples could be supervised visitation, family therapy, drug treatment, no contact between parent and child, for the parent to maintain a clean and safe home and so forth. Recommendations specific to the case, such as, requests to order child support, requests to order the visitation plan, requests to order the case plan, etc. should be added to this narrative section. Additional recommendations may be added based on specific court requirements or practice.

The last part of the court report is the signature lines for the worker and the supervisor. It is a requirement for both the worker and the supervisor to sign the court report after it is printed out and before it is sent to the court and all parties.

Another document that needs to be printed and filled out is the Certificate of Service. The Certificate of Service is a Microsoft Word template, and is accessed under "File" and "new" under the "N-FOCUS" tab. The Certificate of Service goes on the top of the court report when it is sent out to the court and all parties. It shows that the court report was sent out and to whom. A blank Certificate of Service is on page 19.

There may be a few or several attachments on the court report. Each attachment that is added should be referenced in the body of the report, where applicable. **TIP:** All of the attachments should be numbered once they are all attached and the entire document is complete. This is not required by the Department, but makes it much easier to navigate the document while in court.

CERTIFICATE OF SERVICE

In the interest of

Case No.

The undersigned representative of the Department of Health and Human Services of the State of Nebraska, does hereby certify that a true and exact copy of the case plan and court report dated _____, was mailed by United States Mail, postage prepaid or hand delivered to the following parties:

- ☐ Juvenile:
- ☐ Juvenile's Guardian ad Litem:
- ☐ Juvenile's Attorney:
- ☐ Juvenile's Mother:
- ☐ Mother's Attorney:
- ☐ Juvenile's Father:
- ☐ Father's Attorney:
- ☐ Juvenile's custodian or foster parents:
- ☐ Department of Health and Human Services:
- ☐ County Attorney:
- ☐ State Foster Care Review Board:
- ☐ Others:

Health and Human Services Representative

When delivered to the court, the following documents should be stapled together in the following recommended order:

- Certificate of Service
- Court Report
- Case Plan
- Parenting Time/Visitation Plan, if applicable
- Independent Living Plan, if applicable
- Other Reports, i.e. Grade reports, psychiatric or psychological reports, provider reports, etc.

Timeframes

The 390 NAC (8-001.09) states the case plan and court report will be submitted at least 3 days before the first dispositional hearing.

The Guidebook states court report received by all parties, including child/youth as appropriate, to be submitted at least 5 days prior to the hearing or as directed by the court.

Sometimes the judge on a case will order the Department to submit a court report to all parties by a specific date. Sometimes the judge on a case will simply order the Department to submit a court report to all parties. Each Service Area has specific timeframe guidelines for submitting court reports.

Three sample court reports are on pages 21-48. Notice that the third court report on pages 41-48 looks much different as it is a report recommending case closure.

Remember, these are just examples of what court reports may look like. Different Service Areas have different expectations in regards to court report content. These examples are printed two-sided. Court reports in the field will never be printed this way. These are reports from actual cases. Please follow all confidentiality guidelines and expectations.

Addendums

An addendum would be written if there is additional information to include in the court report and the final version has already been printed. This prints as a separate page at the end of the court report. An addendum may be able to be written if the judge sets an early review hearing. Typical standard is that if the early review is within 60 days of the original review, an addendum can be submitted as an update to the court.

Check with your supervisor about your service area's policy on writing/submitting an addendum.

Nebraska Health and Human Services System

COURT REPORT

Date of Preparation: 11-06-2006

FAMILY INFORMATION

Parents:

Name: Mother
Address: 123 First St, Lincoln, NE 60000

Name: Father
Address: Nebraska State Penitentiary

Children:

Name: Child Number One
Legal Status: HHS Ward
Race: White
Ethnic: Unknown
Birthdate: 01-01-2000
Adjudication: 43-247 3(a) Fault Abuse/Neglect
Adjud Date: 01-09-2006

Docket and Page #: 11/222
Age: 10 years
Disp Date: 02-08-2006

Name: Child Number Two
Legal Status: HHS Ward
Race: White
Ethnic: Unknown
Birthdate: 02-02-1999
Adjudication: 43-247 3(a)-Fault Abuse/Neglect
Adjud Date: 01-09-2006

Docket and Page #: 11/222
Age: 11 years
Disp Date: 02-08-2006

Judge: The Honorable Juvenile Court Judge
Court: ANYWHERE COUNTY JUVENILE COURT

Attorneys: SUE JONES County/Deputy County Attorney
MARK JONES Guardian Ad-litem of Child Number One
MARK JONES Guardian Ad-litem of Child Number Two
BILL SMITH Attorney of Mother of Children
MARY BROWN Attorney of Father of Children

Case Manager: MIKE WHITE

Local Office: LINCOLN
Address: 1050 "N" 3T
P.O. BOX 98933
LINCOLN) NE 68509-8933
Telephone: (402)471-7000

Supervisor: LISA GREEN

Local Office: LINCOLN
Address: 1050 "N" 3T
P.O. BOX 98933
LINCOLN, NE 68509-8933
Telephone: (402)471-7000

History of previous service interventions:

The Nebraska Department of Health and Human Services has previous history with mother and father. Allegations from 1999 stated father had touched child in a sexual manner. Father was charged with sexual assault of a child and child abuse in 1999, for sexually abusing child. His son, who he has since relinquished his rights to, was also reportedly involved in his sexual activity with child. The family reported CFS was not involved with the family as mother was being protective and not allowing father back in the home. However, Department documentation indicates service referrals for family support specialist and therapy. The case was adjudicated on October 18, 1999 and dismissed on June 25, 2002. Father spent 180 days in jail and received 3 years probation for the charges in 1999.

On December 9, 2005 Officer Smith was called to Anywhere High School in response to a report that a girl named child who was deaf but could somewhat hear had reported to a party in the school that her father was molesting her. On December 9, 2005, Investigator Brown interviewed child age 15, at the Child Advocacy Center. Interpreter provided American Sign Language interpretation.

Child indicated in that interview that since being released from prison and moving back into the home, father had touched her vagina, touched her breasts and French kissed her on several occasions. When asked if she ever told her mom anything, child said that one time when father was out of jail, she said that she told her mom he was touching her in the wrong places and she said she would talk to father. She said she hadn't told her mom since then, but father didn't stop and child didn't tell her mom anything again.

After this interview the children were placed in protective custody and placed into foster care.

On December 12, 2005, Investigator Brown with LPD Family Crimes interviewed child age 10, at the Child Advocacy Center. Child indicated that no one had touched his private parts and he had not seen anyone touch anyone else.

On December 12, 2005, father was read his miranda rights which he waived. Father indicated that he had moved back into the family home approximately 3 years ago. He also indicated that he did not have any ongoing counseling after moving back into the family home. Father admitted to touching child's breast and her vagina. He did deny French kissing her. He also indicated it happened prior to child talking to him and after.

After father's interview, father was arrested and lodged. Father was charged with sexual assault of a child-subsequent offense, 1st degree sexual assault on a child, and incest.

On January 9, 2006, the Juvenile Court under Docket 11. Page 222, finds that child and child are children as defined by Neb. Rev. Stat. 43-247(3a) by reason of the lack of proper parental care through the fault or habits of mother and father.

On January 12, 2006, child and child were placed in the child specific foster home of grandmother and grandfather.

On January 30, 2006, Disposition was held as it relates to father.

Adjudication and Disposition were held on March 30, 2006, as it relates to mother.
Visitation Plans:

Visits were court ordered supervised while mother was incarcerated and change to monitored upon her release. While incarcerated the children visited mother at the Lancaster Correctional Facility twice per week with their grandmother as their supervisor. Since being released from Lancaster Correctional Facility on October 20, 2006, mother has been participating in monitored visitation. She is currently having visits Monday through Friday after school and into the evening. Beginning November 6, 2006, Lincoln Public Schools will transport child to mother's home after school every day. Also beginning November 6, 2006 mother will pick child up from school every day. On Wednesday mother will take the children to their family therapy appointment and will then attend church with them. Mother will also have visits all day on Sunday. She has picked them up and taken them to church in the morning, had lunch with them, spent the afternoon together and then attended church in the evening. They are then returned to grandmother and grandfather home.

Beginning November 2, 2006, overnight visits were implemented. Due to their being no school an overnight during the week was approved by this caseworker. Starting November 4, 2006, mother will pick the children up or grandmother and grandfather will drop them off on Saturday evening and they will spend the night with mother on Saturday nights and spend all day Sunday with her.

Father has written to child and both children have written letters to father. The recommendation is that contacts with father remain written only. Grandmother has been monitoring some of the visits, grandfather has monitored some of the visits and Owens and Associates have monitored some of the visits. While at church the people who were approved to supervise visits continue to have contact with the family. There have been no concerns from anyone supervising the visits that the children have not had all of their needs met when having visits with mother. No safety concerns have been noted.

There are currently no visitation plans or recommendations for visitation due to the recommendation that the children be placed at home with mother.

Child Support:

There is currently no child support ordered. Mother and father are still married. Mother is currently pursuing a divorce. The recommendation is that the children are returned to the physical custody of mother. Father is currently incarcerated at the Nebraska State Penitentiary.

The Department would request that the court pursue child support from both parents as a measurable indicator of parental involvement/responsibility.

CHILD INFORMATION

Child Name:

Mother:

Father:

Reasonable Efforts:

It is this workers belief that reasonable efforts have been made in order to make it possible for child to return to the family home, and at this time returning to the family home is in her best interest.

The following services have been offered to the family: out of home placement, visitation, Individual therapy, family therapy, transportation, psychological evaluation, pre-treatment assessment, mental status exam and case management.

It is this workers opinion that the case plan of the Nebraska Department of Health and Human Services is reasonable and material to the jurisdictional basis of this case.

Placement:

There has been sufficient progress to alleviate the causes of out-of-home placement.

This child is placed 0-20 Miles from his/her parent/caretakers, which is the least restrictive and in the closest proximity based on the child's placement needs.

Start Date -----End Date-----Placement
December 9, 2005 -----January 12, 2006 -----
January 12, 2006 -----Present-----

Child and child are placed in a child specific foster home with grandmother and grandfather. They were placed in this home on January 12, 2006. Both children have adjusted well to the home. This is a family that child and child have been involved with prior to their placement and that has made the adjustment much easier.

The Department is currently recommending that the physical placement of child be with her biological mother in the family home.

Development/Education/Vocation:

School Name: LINCOLN PUBLIC SCHOOL-SOUTHEAST HIGH
Grade Level: Tenth Grade

Child is currently 16 years old and in her sophomore year at Lincoln Southeast High School, 2930 S 37th, Lincoln, NE. She currently has an IEP and her last IEP meeting was April 11 2006. At that meeting it was reported that child has a positive attitude and she is hard working and responsible. It was also reported that she has excellent behavior.

Child is a verified student with a hearing loss. She also qualifies for special education services as a student with a speech language impairment in the areas of articulation and language. It was reported

that child has difficulty with tasks requiring reading decoding, math language or concepts and reading fluency.

As the first quarter just ended on October 27, 2006, report cards and grades are not yet available. At the team meeting on October 30, 2006, it was reported that she was doing well in her classes.

Medical Conditions/Needs:

Physical Exam: 01-16-2006

Dental Exam: 10-30-2006

Vision Exam: '10-30-2006

Child's primary physician is Dr Springman, Complete Childrens Health. 2355 Superior St # 103. Lincoln NE. 485-5600. She was last seen in this office on January 16 2006 for a routine physical. There were no concerns reported.

Child's dentists Dr. Michael Meyers, 2621 S. 70th Street, Ste A, Lincoln, NE 483-4322. She was last seen in this office on October 30 for a routine examination. Dr. Meyers reported that she had a good check up and that she did not have any cavities.

Child's eye doctor is Dr. Kemper Campbell, 7121 A Street, Ste 200 Lincoln, NE 489-2020. She was last seen in this office on October 30, 2006, due to having problems with her glasses. It was determined that she needed a new prescription for glasses at that time.

Child is seen at University of Nebraska, 235 Barkley Memorial Center, 472-2071 for her hearing aids. She was last seen in this office in July 2006.

Behavior/Relationships:

Child has a very close relationship with her mother and with her brother. She has also developed a close relationship with the Wilson family. Child currently participates in the Big Brother Big Sister program and frequently spends time with her big sister. Child has friends at school and peers that she spends time with outside of school. There have not been any concerns in regards to her behavior from the school.

Psychiatric/Psychological Conditions/Needs:

Child is attending therapy weekly with her mother and her brother. The children also have individual time with Dr. Smith. At the team meeting on October 30 2006 Dr. Smith reported that the children are doing very well and are ready to move forward with moving home. A letter from Dr. Smith is attached to this court report with the recommendation that the children move home and that Intensive Family Preservation assist with that transition. They continue to work on communication with each other during therapy. They also continue to work on what it will look like when the children are placed back at home.

Tribal Contact/Notification:

On December 22, 2005, mother indicated that to the best of her knowledge, child has no tribal affiliation.

CHILD INFORMATION

Mother:

Father:

Reasonable Efforts:

It is this workers belief that reasonable efforts have been made in order to make it possible for child to return to the family home, and at this time returning to the family home is in his best interest.

The following services have been offered to the family: out of home placement, visitation, individual therapy, family therapy, transportation, psychological evaluation, pre-treatment assessment, mental status exam and case management.

It is this workers opinion that the case plan of the Nebraska Department of Health and Human Services is reasonable and material to the jurisdiction basis of the case

Placement

There has been sufficient progress to alleviate the causes of out-of-home placement.

This child is placed 0-20 Miles from his/her parent/caretakers, which is the least restrictive and in the closest proximity based on the child's placement needs.

Start Date -----End Date-----Placement
December 9, 2005 -----January 12, 2006 -----
January 12, 2006 -----Present-----

Child and child are placed in a child specific foster home with grandmother and grandfather. They were placed in this home on January 12, 2006. Both children have adjusted well to the home. This is a family that child and child have been involved with prior to their placement and that has made the adjustment much easier.

The Department is currently recommending that the physical placement of child be with his biological mother, in the family home.

Development/Education/Vocation:

School Name: LINCOLN PUBLIC SCHOOL-BROWNELL
Grade Level: Fifth Grade

Child currently attends fifth grade at Brownell Elementary, 6000 Aylesworth Ave, Lincoln. NE. Child reports that school is going okay. At the team meeting on October 30, 2006, it was reported that due to transportation Issues he had missed a few days of band practice. Child still appears to be struggling with basic math facts but this is something that child consistently works on with mother

during visits. Child still struggles some with bringing work home to complete. As the quarter just ended there are currently no reports cards available.

Medical Conditions/Needs:

Physical Exam: 01-16-2006
Dental Exam: 10-30-2006
Vision Exam: 03-08-2006

Child's primary physician is Dr Springman, Complete Children's Health, 2355 Superior St # 103, Lincoln NE. 485-5600. He was last seen in this office on January 16, 2006, for a routine physical. There were no concerns reported.

Child's dentists Dr. Michael Meyers, 2621 S. 70th Street, Ste A, Lincoln, NE 483-4322. He was last seen in this office on October 30 for a routine examination. Child reported that he had a good check up and that he did not have any cavities.

Child's eye doctor is Dr. Kemper Campbell, 7121 A Street, Ste 200 Lincoln, NE 489-2020. He was last seen in this office on October 30, 2006, due to having problems with his glasses. It was determined that he needed a new prescription for glasses at that time.

Behavior/Relationships:

Child has a very close relationship with his mother. When observing them together he likes to be close to her. Child spends extensive time with John and has really developed a close relationship with him. John is a male figure that child looks up to. Child also participates in the Big Brother Big Sister program. On Halloween his big brother took him trick-or-treating. Child reports having friends at school and he has friends in the neighborhood where the family lives.

Psychiatric/Psychological/Conditions/Needs:

Child is attending therapy weekly with his mother and his sister. The children also have individual time with Dr. Smith. At the team meeting on October 30, 2006, Dr. Smith reported that the children are doing very well and are ready to move forward with moving home. A letter from Dr. Smith is attached to this court report with the recommendation that the children move home and that Intensive Family Preservation assist with that transition. They continue to work on communication in therapy. Parenting techniques are also worked on during therapy.

Tribal Contact/Notification:

On December 22, 2005, indicated that to the best of her knowledge, child has no tribal affiliation.

SUMMARY

Since this family was last in court mother was released from Lancaster Correctional Facility. She is currently on probation for three years. Mother has been participating in monitored visitation and those have been going very well. There have been no indications of any safety concerns. When this worker spoke with the children at the team meeting on October 30, 2006, they were very excited about spending more time with mom and being able to have some time alone with her.

Mother was denied approval to attend family therapy with the children while she was incarcerated. She resumed family therapy as soon as she was released. The children have continued to attend the Wednesday evening sessions with Dr. Smith while mother was incarcerated. At the team meeting on October 30, 2006, Dr. Smith indicated that the children have continued to make progress and that they are ready to move home. His recommendation is that the children be returned to mother's home with Intensive Family Preservation services helping with that transition. A letter from Dr. Smith is attached to this court report.

Father is currently incarcerated at the Nebraska State Penitentiary and is not able to participate in services at this time. Father has mailed response letters to child. Child and child have both written to father. Any letters received from father will continue to be approved by Dr. Smith prior to the children having them.

Mother is to be commended for her continued dedication to her children and her complete cooperation with everything that she has been asked to complete. Mother is a rule follower and always wants confirmation that she is doing what she needs to do. Dr. Smith has recommended that the children be placed in the physical custody of mother. With the continued progress that mother has made and the recommendation from Dr. Smith, the Department is recommending that the physical placement of child and child be placed with mother. A referral for Intensive Family Preservation will be completed with a requested start for this family during the week of November 13, 2006.

RECOMMENDATIONS

CHILD NUMBER ONE

It is recommended the court order:

Custody of the child remain with HHS for appropriate care and placement.

The child's needs for-safety, health and well-being are being met.

All services being provided are in compliance with the case plan.

Reasonable efforts have been made to preserve and reunify the family prior to the placement of the children in out-of-home care.

The primary permanency plan of Family Preservation is being achieved by 04-25-2007.

The court adopt and order the HHS case plan and court report.

It is recommended the court order:

CHILD NUMBER TWO

Custody of the child remain with HHS for appropriate care and placement.

The child's needs for safety, health and well-being are being met.

All services being provided are In compliance with the case plan.

Reasonable efforts have been made to preserve and reunify the family prior to the placement of the child in out-of-home care.

The primary permanency plan of Family Preservation is being achieved by 04-25-2007.

The court adopt and order the HHS case plan and court report.

Additional Recommendations:

1. That child and child remain in the temporary custody of the Nebraska Department of Health and Human Services. That physical custody of child and child be placed with mother.
2. That the Nebraska Department of Health and Human Services and the Guardian ad Litem have access to the children and to all information pertaining to their placement, treatment, and care.
3. That the Nebraska Department of Health and Human Services, Guardian ad Litem, school personnel, and all other service providers working with the family be authorized to exchange information pert to the development or evaluation of a plan to correct the conditions resulting in the adjudications.
4. That Mr. Father shall complete a Sex Offender Risk Assessment as arranged by the Department of Health and Human Services.
5. The placement of the children shall not be changed without prior Order of the Court.
6. That Mrs. Mother participate in and cooperate with Intensive Family Preservation as arranged by the Department of Health and Human Services.
7. That Mrs. Mother shall participate in family therapy with child and child.
8. That Mr. Father may have only written contact with the child and child. Said written contact shall only be shared with the children if approved by their therapist.

Signatures:

Worker: _____ Date_____

Supervisor:_____ Date_____

Nebraska Health and Human Services System
COURT REPORT

Date of Preparation: 12-01-2006

FAMILY INFORMATION

Parents

Name: Mother
Address: 222 Third St, Lincoln, NE 60000

Children:

Name: Child Number One Docket and Page #: 5/333
Legal Status: HHS Ward
Race: White
Ethnic: Unknown
Birthdate: 07-07-2002 Age: 9 years
Adjudication: 43-247 3(a)-Fault Abuse/Neglect
Adjud Date: 09-22-2006 Disp Date: 12-01-2006

Name: Child Number Two Docket and Page #: 5/333
Legal Status: HHS Ward
Race: White
Ethnic: Unknown
Birthdate: 06-06-2003 Age: 8 years
Adjudication: 43-247 3(a)-Fault Abuse/Neglect
Adjud Date: 09-22-2006 Disp Date: 12-01-2006

Judge: The Honorable Juvenile Court Judge
Court: SEPARATE JUVENILE COURT OF ANYWHERE COUNTY

Attorneys: SUE JONES County/Deputy County Attorney
MARK JONES Guardian Ad-litem of Child Number One
MARK JONES Guardian Ad-litem of Child Number Two
MARY BROWN Attorney of Mother

Case Manager: MIKE WHITE
Local Office: LINCOLN
Address: 1050 "N" ST
P.O. BOX 98933
LINCOLN. NE 68509-8933
Telephone: (402)471-7000

Supervisor: LISA GREEN
Local Office: LINCOLN
Address: 1050 "N" 3T
P.O. BOX 98933
LINCOLN, NE 68509-8933
Telephone: (402)471-7000

History of previous service interventions:

Child and child were put on an Emergency Police Hold on August 22, 2006, due to improper supervision and unsanitary conditions. It was reported that the children were not eating on a regular basis and may be sleeping on the floor of the basement, which has flooded in the past. It was reported that there were old food, food containers, dirty dishes, and wet diapers all over the house. Macaroni and cheese and little smokies were left out in a pan overnight for the kids to eat the following day. It was reported that there was no furniture anywhere in the house except for room, which also contained beer cans and cigarettes that were all over. It was reported that a pet rat was kept in Ms. Mother's room and rat feces were found in a box next to the rat cage. Child bed was reported to be in the basement, which consisted of a black comforter on the cement floor approximately five feet away from a puddle of standing water about six feet wide by four to five feet deep: the water was one to two inches deep. Child reported that the basement floods every time it rains. Ms. Mother consented to participate in services provided by the department in order to get her children back in her home. HHSS set up Crisis Response Services through Omni. Ms. Mother was discharged from Crisis Response Services on September 18, 2006. The Crisis Response team recommended family support as further recommendations.

Intensive Family Preservation Services (IFP) through Omni started in the home on October 3, 2006. This service will include family therapy and individual therapy.

Prior CFS history: There is one child protection report, which was made on January 25, 2005, in Grand Island. The report alleged that Ms. Mother's residence was unsanitary, a marijuana plant was in the basement, and dog and human feces were on the floor. The report was screened out.

Worker White preformed a search on the County Attorney's website and found only one law violation, which was received on August 22, 2006, regarding this case.

On September 22, 2006, the court finds that Ms. Mother has failed to provide and/or arrange for said children adequate shelter, car, and/or supervision; the actions of mother and/or this situation place said children at risk of harm; the family home or the primary residence of said children was observed to be in a cluttered, unsafe, or unsanitary condition; all in Lancaster County, NE.

Visitation Plans:

Ms. Mother received visitation with child and child on Tuesdays, Thursdays, Saturdays, and Sundays, while the children were in out of home placement through Better Living Counseling Services, visitation monitor, reported on September 19, 2006, that the parent child interactions have been appropriate and that Ms. Mother has been getting better at controlling them when the children misbehave. Worker White has observed the Ms. Mother interact with her children on September 14, 2006 and October 3, 2006. Worker White observed Ms. Mother to appropriately parent the children. Specifically, Ms. Mother asked the children to "sit still" when they were being loud and disruptive. Worker White observed the children listening to their mother and the children asking for cookies in a respectful manner. Child and child were placed with Ms. Mother on October, 5 2006, and visitation is no longer needed.

Child Support:

Ms. Mother reported that father is the father of both children and maybe in Arizona at this time. She stated he is not current with child support and he hasn't seen the kids in 8 years. Ms. Mother reported on October 4, 2006, that Mr. Father's payments are court ordered to be \$386.00 per month; however, Mr. Father is now required to pay \$402.00 a month to make up late payments. Mr. Father's child support payments were directed towards HHSS, while Ms. Mother's children were in an out of home placement. Worker White has informed Ms. Mother to contact her child support worker to reinstate her child support payments and can provide verification of change of placement if requested.

CHILD INFORMATION

Child Name

Mother

Father

Reasonable Efforts:

Services provided to this family include, medical, Medicaid, visitation, Crisis Response, child care, Intensive Family Preservation, out of home placement, transportation, and case management.

It is this case manager's belief that reasonable efforts have been made to help prevent being removed from the home. However, child was removed from the home from August 22, 2006 to October 5, 2006. The Department felt that it is in child's best interest to be returned to the family home. Child returned to the family home on October 5, 2006.

Placement:

The child needs their own family network.

The child needs their own social network.

The proposed length of stay is 30 days or less.

The child needs a family setting.

A foster home is suitable to meet the child's emotional and behavioral needs.

A foster home is available to meet the child's emotional and behavioral needs.

Child and child were removed from the care of mother and placed in emergency foster care on August 22, 2006, after being put on an emergency police hold. Ms. Mother participated in services and has found a new residence that is clean and appropriate for the families needs. Foster mother reported on October 4, 2006, that child and child are doing well in her home. But have been a "bit pouty" after not being able to go home on September 22, 2006. The placement: at foster home provided safety and stability for the children.

Child and child were placed with Ms. Mother at their residence in Lincoln on October 5, 2006. This placement back with the family home will provide safety and well being of the children.

Development/Education/Vocation:

School Name:

Any Elementary School

Grade Level:

Third Grade

Child attends Any Elementary School. Ms. Mother reported that does not have an Individualized Education Plan (EP) in place and has not received any notification of educational or behavior

problems at school. Ms. Mother reports that she has parent teacher-conferences for child and child on October 17, 2006, and October 19, 2006.

Medical Conditions/Needs:

Physical Exam: 08-25-2006

Dental Exam: 09-18-2006

Vision Exam: 09-01-2006

Child saw Dr. Any at Lincoln Family Practice, 4600 Valley Rd Suite 200 Lincoln, NE 68510 for an annual physical on August 25, 2006.

Child's last dental check-up was on September 18, 2006, at Havelock Dental Group 6129 Havelock Ave Lincoln, NE 68507.

Child's last vision check was on September 1, 2006, at Lincoln Vision Center 651 N 66 3T Lincoln, NE 68505.

Behavior/Relationships:

The Better Living Counseling Services visitation worker reported on September 19, 2006, that child and child will fight and yell at each other. Ms. Mother reported that Ms. Mother attempts to control their behavior, but may need some additional help, which could be provided through Intensive Family Preservation services (IFP). No serious behavior concerns have been reported. Worker White observed child on October 31, 2006, to interact appropriately with her mother and sibling. Child and child showed worker White Ms. Mother's residence and led him through the rooms. Child had trouble sitting still throughout the IFP meeting, but acted appropriate for his age and listened to Ms. Mother directions. Child became disruptive, while playing with toys. Ms. Mother asked him to go upstairs to play. Child stated he did not want to go upstairs and quieted down.

Psychiatric/Psychological Conditions/Needs:

No psychological problems and/or needs have been reported. Worker White has observed child to behave well and listen to adults including her case manager, visitation worker, mother, and Intensive Family Preservation (IFP) therapist; however, he sometimes needs to be directed more than once. The family is receiving services through IFP, which will inform worker White of any potential psychological issues that may need to be addressed.

Tribal Contact/Notification:

Ms. Mother reported on October 4, 2006, that her family including father's side does not have any Native American Ancestry and/or tribal affiliation.

CHILD INFORMATION

Child Name

Mother

Father

Reasonable Efforts:

Services provided to this family include, medical, Medicaid, visitation, Crisis Response, child care, Intensive Family Preservation, out of home placement, transportation, and case management.

It is this case manager's belief that reasonable efforts have been made to help prevent being removed from the home. However, child was removed from the home from August 22, 2006, to October 5, 2006. The Department felt that it is in child's best interest to be returned to the family home. Child returned to the family home on October 5, 2006.

Placement

The child needs their own family network.

The child needs their own social network.

The proposed length of stay IS 30 days or less.

The child needs a family setting.

A foster home is suitable to meet the child's emotional and behavioral needs.

A foster home is available to meet the child's emotional and behavioral needs.

Child and child were removed from the care of mother and placed in emergency foster care on August 22, 2006, after being put on an emergency police hold. Ms. Mother participated in services and has found a new residence that is clean and appropriate for the families needs. Foster mother reported on October 4, 2006, that child and child are doing well in her home. But have been a "bit pouty" after not being able to go home on September 22, 2006. The placement: at foster home provided safety and stability for the children.

Child and child were placed with Ms. Mother at their residence in Lincoln on October 5, 2006. This placement back with the family home will provide safety and well being of the children.

Development/Education/Vocation

School Name:

ANY ELEMENTARY SCHOOL

Grade Level:

First Grade

Child attends Belmont Elementary School, 3425 14th St Lincoln, NE 68521. Ms. Mother reported that child does not have an Individualized Educational Plan (IEP) in place and has not received any notification of educational or behavior problems at school, Ms. Mother reports that

she has parent teacher conferences for child and child on October 17, 2006 and October 19, 2006.

Medical Conditions/Needs:

Physical Exam: 08-25-2006
Dental Exam: 09-18-2006
Vision Exam: 09-01-2006

Child saw Dr, Any at Lincoln Family Practice, 4600 Valley Rd Suite 200 Lincoln, NE 68510 for an annual physical on August 25, 2006.

Child's last dental check up was on September 18, 2006, at Havelock Dental Group 6129 Havelock Ave Lincoln, NE 68507.

Child's last vision check was on September 1, 2006, at Lincoln Vision Center 651 N 66 ST Lincoln, NE 68505.

Behavior/Relationships:

Ms. Brown Better Living Counseling Services visitation worker reported on September 19, 2006 that child and child will fight and yell at each other, Ms. Brown reported that Ms. Mother attempts to control their behavior, but may need some additional help, which could be provided through Intensive Family Preservation services (IFP). No serious behavior concerns have been reported.

Worker White observed on October 3, 2006, to interact appropriately with her mother and siblings showed worker White Ms. Mother's residence and led him through the rooms. Child behaved age appropriately and listened to her when asked to do something child interacted with worker White appropriately and showed him her toys and favorite things. Child attempted to follow worker White outside to his car, but listened to Ms. Mother who instructed her to stay in the house

Psychiatric/Psychological Conditions/ Needs

No psychological problems and/or needs have been reported. Worker White has observed child to behave well and listen to adults including her' case manager, visitation worker, mother, and Intensive Family Preservation (IFP) therapist. The family is receiving services through IFP, which will inform worker White of any potential psychological Issues that may need to be addressed.

Tribal Contact/Notification:

Ms. Mother reported on October 4, 2006, that her family including father's side does not have any Native American Ancestry and/or affiliation.

SUMMARY

Child and child were put on an emergency police hold on August 22, 2006, due to improper supervision and unsanitary conditions. It was reported that the children were not eating on a regular basis and may be sleeping on the floor of the basement, which has flooded in the past. It was reported that there were old food, food containers, dirty dishes, and wet diapers all over the house. Macaroni and cheese and little smokies were left out in a pan overnight for the kids to eat the following day. It was reported that there was no furniture anywhere in the house except for mother's room, which also contained beer cans and cigarettes that were all over. It was reported pet rat was kept in Ms. Mother's room and rat feces were found in a box next to the rat cage. Child's bed was reported to be in the basement, which consisted of a black comforter on the cement floor approximately five feet away from a puddle of standing water about six feet wide by four to five feet deep: the water was one to two inches deep. Child reported that the basement floods every time it rains.

Child and child were placed in emergency foster care on August 22, 2006, after being put on an emergency police hold. Ms. Mother participated in services and has found a new residence that is clean and appropriate for the family's needs. Child and child were placed with Ms. Mother at her residence Lincoln, NE 68510 on October 5, 2006.

Ms. Mother consented to participate in services provided by the department in order to get her children back in her home. HHSS set up Crisis Response Services through Omni. Ms. Mother was discharged from Crisis Response Services on September 18, 2006. The Crisis Response team recommended family support as further recommendations. The Crisis Response Service plan is attached to this report.

Intensive Family Preservation Services (IFP) through Omni started in the home on October 3, 2006. This service will include family therapy and individual therapy. IFP case notes are attached to this report.

The Department of Health and Human Services System is asking that Ms. Mother participate in a Pretreatment Assessment to determine if there are any mental health services needed for Ms. Mother to better assist her and the family. The Department would also ask that Ms. Mother participate in a drug and alcohol evaluation to determine any treatment needs.

RECOMMENDATIONS

CHILD NUMBER ONE

It is recommended the court order:

Removal from the home was necessary because continuation therein would have contrary to the welfare of such child.

Placement: is no longer necessary due to Ms. Mother currently providing a safe, sanitary, and furnished living environment.

Custody of the children remain with HHS for appropriate care and placement.

The child's needs for safety, health and well-being are being met.

All services being provided are in compliance with the case plan.

Good progress is being made to alleviate the causes of out-of-home placement.

Reasonable efforts have been made to prevent or eliminate the need for removing the child from the child's home.

The primary permanency plan of Family Preservation is being achieved by 04-26-2007.

The court adopt and order the HHS case plan and court report.

CHILD NUMBER TWO

It is recommended the court order:

Removal from the home was necessary because continuation there in would have contrary to the welfare of such child.

Placement is no longer necessary due to Ms. Mother currently providing a safe, sanitary, and furnished living environment.

Custody of the child remain with HHS for appropriate care and placement.

The child's needs for safety, health and well-being are being met.

All services being provided are in compliance with the case plan.

Good progress is being made to alleviate the causes of out-of-home placement.

Reasonable efforts have been made to prevent or eliminate the need for removing the child from the child's home.

The primary permanency plan of Family Preservation is being achieved by 04-26-2007.

The court adopt and order the HHS case plan and court report.

Additional Recommendations:

1. That child and child shall continue in the temporary legal custody with the Department of Health and Human Services System for placement, treatment, and care. Physical placement be in the home of Ms. Mother.
2. That the Department of Health and Human Services System, Guardian ad Litem, School personnel and all other service providers working together with Ms. Mother, child and child are authorized to exchange information related to the development or evaluation of a plan to correct the conditions resulting in this adjudication.
3. That the children shall not be moved from the placement without prior approval on the court
4. That the Guardian ad Litem shall have access to the minor children and all case information.
5. That Ms. Mother will cooperate with the services provided by the Department of Health and Human Services System.
6. That Ms. Mother continues to work with Intensive Family Preservation Services as arranged by the Department of Health and Human Services System.
7. That Ms. Mother maintains a sanitary and safe home environment for child and child.
8. That Ms. Mother ensure that child and child are being properly supervised at all times.
9. That Ms. Mother maintain employment or legal means of financial support for herself and said children.
10. That Ms. Mother shall participate in a Pretreatment Assessment as arranged by the Department of Health and Human Services.
11. That Ms. Mother shall participate in Drug and Alcohol Evaluation as arranged by the Department of Health and Human Services.

Signatures:

Worker: _____ Date: _____

Supervisor: _____ Date: _____

Nebraska Health and Human Services System

COURT REPORT

Date of Preparation: 11-16-2006

FAMILY INFORMATION

Parents:

Name: Mother
Address:

Name: Father
Address:

Children:

Name: Child Number One Docket and Page #: 1/555
Legal Status: HHS Ward
Race: White
Ethnic: Unknown
Birthdate: 01-01-1997 Age: 12 years
Adjudication: 43-247 3(a)-Fault Abuse/Neglect
Adjud Date 03-30-2006 Disp Date: 06-06-2008

Name: Child Number Two Docket and Page #: 1/555
Legal Status: HHS Ward
Race: White
Ethnic: Unknown
Birthdate: 02-02-2004 Age: 5 years
Adjudication: 43-247 3(a)-Fault Abuse/Neglect
Adjud Date: 03-30-2006 Disp Date: 06-06-2006

Judge: The Honorable JUVENILE COURT JUDGE
Court: ANY COUNTY JUVENILE COURT

Attorneys: SUE JONES County/Deputy Guardian County Attorney
MARK JONES Guardian Ad-litem of Child Number One
MARK JONES Guardian Ad-litem of Child Number Two
BILL SMITH Attorney of Mother

Case Manager: MIKE WHITE
Local Office: LINCOLN
Address: 1050 "N" ST
P.O. BOX 98933
LINCOLN, NE 68509-8933
Telephone: (402)471-7000

Supervisor: LISA GREEN
Local Office: LINCOLN
Address: 1050 "N" ST
P.O. BOX 98933
LINCOLN, NE 68509-8933
Telephone: (402)471-7000

History of previous service interventions:

On October 24, 2005, the Department of Health and Human Services received Intake # 000 through PD Report # 000-00 which stated that mother and father became involved in a domestic altercation in front of their daughter age 4. Daughter age 11 was not home at the time of the incident. Both Mr. and Mrs. Parent reported to the Initial Assessment worker that they were concerned for their relationship and acknowledged they needed to make changes. Voluntary services with the Department were offered, but Mr. Father was resistant. They did have insurance that would cover part of the cost, but he stated he was afraid a counselor would simply tell them to get a divorce. A list of available counselors was left with Mr. and Mrs. Parent if they wished to pursue professional help.

In the results of the Initial Assessment, the allegations of emotional abuse and physical neglect of child by her father were documented as inconclusive based on the interviews with child and child. The allegations of emotional abuse and physical neglect of her father were documented as unfounded, as other child was not at the home during this incident. The assessment of this report was given to the Lancaster County Attorney for review. A petition was filed in that child and child are the children of Ms. Mother and Mr. Father. Said children are found in Lancaster County.

Said children lack proper parental care by reason of the fault or habits of Mr. Father of said children and Ms. Mother of said children. In that: A) On one or more occasions since child was born, Mr. Father and Ms. Mother have been involved in domestic altercations in the family home. On or about October 22, 2005, Mr. Father and Ms. Mother again were involved in a domestic altercation child observed this altercation and was slightly injured there in. These actions places child and child at risk of physical and emotional harm. B) All in Any County, Nebraska. Child and child are children as defined by Neb. Rev. Stat. Section 43-247 (3a) because said children lack proper parental care by reason of the fault or habits of Mr. Father of said children, and Ms. Mother of said children.

This is child and child's first intake and involvement with the Nebraska Department of Health and Human Services. Adjudication in this case was held on March 30, 2006, and disposition was filed on June 6, 2006.

Visitation Plans:

There is no visitation plan at this time as the children are placed in the family home.

Child Support:

There is no child support ordered in this case as the children are placed in the family home.

Child Information

Child Name:

Mother:

Father:

Reasonable Efforts:

Reasonable efforts provided this family include

Case Management

Family Therapy

It is this worker's belief that reasonable efforts have been made in order to make it possible for child to remain in the family home and remaining in the family home at this time is in her best interest.

It is this worker's opinion that the case plan of the Nebraska Department of Health and Human Services is reasonable and material to the jurisdictional basis of this case.

Placement:

Child is currently placed with her parent's mother and father in the family home. This is the best and least restrictive placement for child at this time.

Development/Education/Vocation:

School Name

ANY MIDDLE SCHOOL

Grade Level:

Seventh Grade

Child is currently in the 7th grade at Any Middle School. Child reports school is okay and that she is an average student but that she has harder classes this year. Mr. Father and Mrs. Mother report child does fairly well in school, but could probably do better if she applied herself more dislikes math and struggles to complete her homework assignments due to her dislike of the subject. There are no behavioral concerns at school at this time.

Medical Conditions/Needs

Physical Exam: 03-01-2006
Dental Exam: 09-22-2006
Vision Exam: 03-01-2006

Child sees Dr. Janet Wolfe, 1500 S. 48th Street, Suite 412, Lincoln Nebraska. 68586, 402-444-4600 for her medical needs, She was last seen in March 2006 for a routine check-up.

Child was seen on September 22, 2006, for a dental check-up with Dr. Jay Miller, 11 S. 70th Street, Suite 201, Lincoln, Nebraska, 68510, 402-483-1111. No problems or concerns were reported.

Child has her eyes checked by her general physician and no problems or concerns have been reported

Behavior/Relationships:

Mrs. Mother reports child is a good child, but also a typical pre-teen who can get an attitude when upset. Child enjoys spending time with her friends, likes sports, and wants to do gymnastics. Mrs. Mother reports child can be helpful around the house, but often needs to be reminded to do her chores She is also really good with her younger sister.

Psychiatric/Psychological Conditions/Needs:

Mrs. Mother reported child briefly saw a counselor when she was approximately four or five years old, but no psychological needs or concerns have been reported at this time.

Tribal Contact/Notification:

During the initial assessment Mr. Father and Mrs. Mother reported no tribal affiliations.

CHILD INFORMATION

Child Name

Mother

Father

Reasonable Efforts:

Reasonable efforts provided this family include:

Case management

Family Therapy

It is this worker's belief that reasonable efforts have been made in order to make it possible for child to remain in the family home and remaining in the family home at this time is in her best interest.

It is this worker's opinion that the case plan of the Nebraska Department of Health and Human Services is reasonable and material to the jurisdictional basis of this case.

Placement:

Child is currently placed with her parents in the family home. This is the best and least restrictive placement for child at this time.

Development/Education/Vocation:

School Name:

ANY ELEMENTARY SCHOOL

Grade Level:

Kindergarten

Child is in Kindergarten at Any Elementary School. Child reports that she really likes school and is doing well. Ms. Mother reports no problems or concerns. Staff at Any Elementary reported that is a friendly child who gets along well with others and is doing well in her class. Child is on target with her developments millstones.

Medical Conditions/Needs

Physical Exam: 03-11-2006
Dental Exam: 09-22-2006
Vision Exam: 03-11-2006

Child sees Dr. Janet Wolfe, 1500 S, 48th Street, Suite 412, Lincoln, Nebraska, 68506, 402-444-4680 for her medical needs. She was last seen in March 2006, for a routine check-up and received the necessary immunizations.

Child was seen on September 22, 2006, for a dental check-up with Dr. Jay Miller, 1101 S. 70 Street, Suite 201, Lincoln, Nebraska, 68510, 402-483-1101. No problems or concerns were reported.

Child has her eyes checked by her general physician and no problems or concerns have been reported.

Behavior/Relationships:

Child is a happy and sweet child. Mr. and Mrs. Parent describe child as very outgoing and report she loves to sing and dance, but was initially very shy around this worker during home visits. As time has passed and this work has become familiar to her, has become very social and talkative during visits. Mrs. Mother reports no problems or concerns with and her behaviors. She seems to be a typical four year old that is very creative and artistic. Child follows her older sister around the house and wants to be part of the group when child has friends over.

Psychiatric/Psychological Conditions/Needs:

Due to her age child has no psychological concerns.

Tribal Contact/Notification:

During the initial assessment, Mr. and Mrs. Parents reported no tribal affiliations.

SUMMARY

Since the last court hearing, this worker has continued to meet with the family on monthly basis. Mr. and Mrs. Parent, as well as the children, have been very cooperative and polite throughout the Department's involvement.

Mr. Father and Mrs. Mother began participating in family therapy prior to the dispositional hearing in this case and continued to attend on a weekly basis until being discharged successfully by their therapist. Mr. and Mrs. Parent were working with counselor at First Step Recovery & Wellness Center and had their first session on March 21, 2006. Ms. Counselor worked on improving communication to improve their relationship, prevention of verbal and physical aggression, identifying triggers and developing ways to increase empathy and understanding. Ms. Counselor reported that Mr. and Mrs. Parent were very willing to work together during their sessions and expressed a desire to overcome their past difficulties. Mr. and Mrs. Parent attended therapy on a weekly basis and only missed one session which was rescheduled.

Throughout the therapy sessions, Ms. Counselor also addressed some parenting skills and the impact domestic violence can have on children. Ms. Counselor did not report any concerns regarding Mr. and Mrs. Parent ability to properly parent, but instead wanted to insure that they had a full understanding of how their actions can affect their children. Ms. Counselor indicated that Mr. and Mrs. Parent demonstrated a knowledge and understanding of the importance of a stable home and of children not witnessing any domestic violence

Ms. Counselor called this worker in August 2006, to report that she would be discharging Mr. and Mrs. Parent from family therapy. She reported that they had made tremendous progress and completed all goals they had identified. Ms. Counselor was very pleased with the progress Mr. and Mrs. Parent had made and how cooperative and willing they were to engage each other during sessions in order to make the appropriate changes in their relationship and provide a better home for their children. Ms. Counselor discharged Mr. and Mrs. Parent successfully from therapy and faxed this worker a copy of the discharge summary. (See attached)

During home visits, Mr. and Mrs. Parent reported to this worker that they really liked Ms. Counselor and enjoyed working with her. They felt she had greatly improved their relationship and were thankful for the services she provided. Mrs. Mother reported she and Mr. Father were getting along better and were happier together than they have been in years. They had therapy in the past for fear of being told to get a divorce, but are now thankful they went and hope to continue making positive progress in their relationship. No new incidents of domestic violence have been reported by Mr. or Mrs. Parent, the children, or law enforcement.

Mr. and Mrs. Parent have been extremely cooperative and have worked hard to make improvements in their relationship in order to correct the adjudicated issue in this case. The Department is not currently providing any services as Mr. and Mrs. Parent have been able to maintain a safe and stable home environment for their children since being discharged from therapy. Should they need any follow-up therapeutic services in the future to assist them through a tough time the family does have private Insurance and access to Ms. Counselor or another provider. Again, because of the tremendous progress made by Mr. and Mrs. Parent and no new incidents being reported, this worker would ask that this case be successfully closed.

RECOMMENDATIONS

CHILD NUMBER ONE

It is recommended the court order:

Custody of the child return to the parents for appropriate care and placement.

The child's needs for safety, health and well-being are being met.

All services being provided are in compliance with the case plan.

Reasonable efforts have been made to prevent or eliminate the need for removing the child from the child's home.

The primary permanency plan of Family Preservation is being achieved by 10-30-2006.

The court adopt and order the HHS case plan and court report.

CHILD NUMBER TWO

It is recommended the court order:

Custody of the child return to the parents for appropriate care and placement.

The child's needs for safety, health and well-being are being met.

All services being provided are in compliance with the case plan.

Reasonable efforts have been made to prevent or eliminate the need for removing the child from the child's home.

The primary permanency plan of Family Preservation is being achieved by 10-31-2006.

The court adopt and order the HHS case plan and court report.

Additional Recommendations:

It is respectfully recommended that the Court order:

1. That Mr. Father and Mrs. Mother have corrected the issues resulting in the adjudication in this case. The Nebraska Department of Health and Human Services require that they be relieved of responsibility in this case

Signatures:

Worker: _____ Date: _____

Supervisor: _____ Date: _____

Parenting Time/Visitation Plans



What is a parenting time/visitation plan?

A parenting time/visitation plan is a document establishing guidelines and specifics of visitation between caregivers, siblings, extended family and children that have been removed from the home. The term "parenting time" is synonymous with "visitation" but reflects a philosophy behind the time that a child and parent spend together when the child is placed out of home.

When a child is in an out of home placement and the case plan's permanency objective is reunification a written parenting time/visitation plan will be developed to maintain opportunities for regular contact between a child and her/his family. Frequency and regular contact between parent(s) and child(ren) is critical to reunification. The court must authorize visitation between children and family.

Why is a parenting time/visitation plan written?

A parenting time/visitation plan is a working document that shows the family and everyone involved exactly what the visitation should look like. It lays everything out so everyone is on the same page.

Maintaining contact between the child and parent(s) is important for many reasons.

- Maintaining family attachments
- Validating the plan for reunification.
- Assurance to the child that they have not been abandoned or kidnapped
- Opportunity for parents to observe and practice positive parenting skills



It is also crucial to maintain sibling relationships when siblings are placed in different placements. Children in out of home care must have the opportunity to visit their siblings not placed with them no less than once per month.

A Program Memo about visitation is on pages 51-53.

How is a parenting time/visitation plan written?

The following questions should be asked...

- Did the court order visitation?
- Is it ordered at a specific frequency?
- Are the parental rights intact?
- Are there siblings that are not placed together?
- Any extended family that should be included?
- What days and times work best for everyone?
- What level of supervision is required?

TIP: Check the most recent court order to see if the court has ordered visitation. If it has been ordered make sure it is happening at the ordered frequency, supervision level and so on.

PROGRAM MEMO

TO: Holders of Title 390, Protection and Safety, #5 – 2005

From: Todd Reckling, Administrator
Office of Protection and Safety

Signed by _____, Director

Date

RE: Visitation between Parents, Their Children and the Child's Siblings

Effective Date: August 1, 2005

Duration: Until the regulation is revised and issued.

Contact: If you have any questions about this program memo, contact Becky Henderson, Program Specialist, (402) 471-9333.

Purpose: The purpose of this program memo is to clarify expectations regarding the frequency of visits between parent and child, and the child and his/her siblings.

Protection and Safety workers must ensure that visitation is provided between parents and their children and a child and his/her siblings who are in out- of-home care.

Research has shown that visitation between parents and their children in foster care is considered to be the most important factor contributing to timely reunification.

Visitation between siblings is beneficial in order to preserve a sense of continuity, identity and self-esteem.

A thorough and ongoing assessment of the situation, including any safety concerns, is essential to planning and carrying out visits that will be beneficial to the child and family.

Research further shows that several visits per week are necessary to promote and maintain a parent/child bond for infants and pre-school children. The worker must develop an individualized visitation plan at the family team meeting.

Parents must be offered the opportunity to visit their child in person no less than one time per month.

Children in out-of-home care must have the opportunity to visit their siblings not placed with them no less than one time per month.

The primary purposes of visitation between parents and children are to:

1. Maintain parent-child and other family attachments; and
2. Reduce the sense of abandonment that children experience when they are removed from parents and siblings.

The promotion and support of frequent visitation can be achieved by:

1. Engaging the child and the parents in the development of a written visitation plan;
2. Assisting the family in arranging transportation or other supports to facilitate attendance at visits;
3. Actively encouraging visits during worker meetings with the parents;
4. Ensuring that parents are involved in the child's school and other activities such as medical appointments;
5. Helping parents plan activities and prepare for upcoming visitation; and
6. Providing for flexible visitation schedules and locations.

A visitation plan is required in every child's case plan.

The visitation plan must be documented on N-FOCUS.

The frequency of visitation between parents and their child, and between the child and his/her siblings, must correlate with the child's age and development and be consistent with the permanency goal.

Efforts must be made by the Department to include both the child's mother and father in visitation planning. In some cases, this may involve separate visitation plans.

Visits should be supervised only when supervision is required to insure the safety of the child.

Documentation of visitation between parents and their children placed in out-of-home care and children and their siblings must be documented in the parent/child visitation contact narrative on N-Focus.

Supervisors must review N-Focus narrative to determine whether required visitation is occurring as part of the on-going supervision and review of cases with their workers.

Exceptions to Visitation Requirements: There are three exceptions to the above visitation requirements. They are listed as follows:

1. The court has ordered that no visits occur, due to safety concerns for the child;
2. Parental rights are no longer intact; or
3. Other exceptional circumstances as approved by the Protection and Safety Administrator or his/her designee or the court.

ADDITIONAL MATERIAL FOR REVIEW: Staff are encouraged to review the following material:

- Information on visits in the Out of Home Placement and Payment Guidebook. This guidebook includes 53 references to visits dealing with visitation between children and their parents, siblings and other persons significant to the child; and
- 390 NAC 7-001.02A

What are the components of a parenting time/visitation plan?

A written parenting time/visitation plan is developed to identify all parties' roles in establishing guidelines for parenting time/visitation and in assuring that visitation is successful for all family members and that all parties understand their roles and responsibilities. The written parenting time/visitation plan will include:

- Additional people present during visits
- Scheduling
- Frequency, length and location of visits
- Monitoring or supervision
- Transportation
- Plan for emergencies
- Procedures for handling problems associated with parenting time/visitation. (This must include a requirement that the worker shall respond to the family or foster care provider.)
- Other issues

TIP: Make sure the parenting time/visitation plan is very specific about transportation. List out who picks up whom, where they pick them up at, when they pick them up and what will be done if those arrangements fall through.

It also needs to be clear about who can be at the visits and for how long. There may be a parent that wants their new boyfriend/girlfriend to be at the visit or they may want their own parent(s) to be there, for example. It will have to be assessed to see if these other people are known and significant to the child. Parenting time/visitation is specifically for children and parents to work on keeping relationships and reunification, but there may be other people in the child's life that could play an important role in this process.
(Case Management CAN & Dependency Guidebook)

A memo regarding Guidelines for Parenting Times for Children in Out of Home Care is on pages 56-60.

A blank parenting time/visitation plan is on pages 61-62. Again, as with the blank court report/court report checklist, the items in bold are visitation/parenting time plan components that are on N-FOCUS. The other information shows what goes in each component or section of the parenting time/visitation plan.

An example Parenting Time plan is on pages 63-64.

DIVISION OF CHILDREN AND FAMILY SERVICES
Administrative Memo #7-2011

To: All Children and Family Services Staff

From: Edward H. Matney, Policy Section Administrator *Edward H. Matney*
Division of Children and Family Services

Approved by: Todd L. Reckling, Director *Todd L. Reckling*
Division of Children and Family Services
Department of Health and Human Services

Date: April 28, 2011

RE: Parenting Time Guidelines

Effective: Immediately

Contact: Sara Goscha, Program Specialist, Children and Family
Services, Policy Section at (402) 471-9333 or at
sara.goscha@nebraska.gov

Purpose: On June 12, 2009, the Nebraska Supreme Court Commission on Children in the Courts ("Commission") approved "Guidelines for Parenting Times for Children in Out of Home Care." The Commission recommends that judges across the state use these guidelines when issuing parenting time (visitation) orders for children in foster care.

The guidelines are attached to this memo and also can be found at http://www.throughtheeyes.org/files/Yellow_Box_Parenting_Time_Guidelines.pdf. The purpose of this memo is to assure that DHHS staff are aware of adoption of these guidelines and are incorporating them into their ongoing work with children and families.

Number 16 in the guidelines includes direction regarding siblings. Since June, 2009, DHHS has issued instructions on joint placement of siblings, and ongoing visits and contacts between them, via Administrative Memo #7-2010, found at <http://www.dhhs.ne.gov/jus/Memos/AM-7-2010.pdf>.

Required Action:

A parenting plan will be developed and submitted to the court in all cases in which a child is removed from the parent. The plan will be documented on N-FOCUS in compliance with the Commission standards, and, when appropriate, the above-referenced Administrative Memo #7-2010.

Deviation from the guidelines will be approved or denied by the case manager's supervisor. The deviation being requested, the rationale for it, and the supervisor's approval or denial of the same must be documented on N-FOCUS in the visitation plan description ("other issues").

GUIDELINES FOR PARENTING TIMES FOR CHILDREN IN OUT OF HOME CARE

1. Children shall be provided meaningful and safe Parenting Time from the time they enter care until reunification is accomplished or until further order of the court. The Department of Health and Human Services (hereafter referred to as the Department) shall provide as much Parenting Time as possible consistent with the best interests of the child, both in terms of frequency and duration and to provide that opportunity in the least restrictive, most homelike setting appropriate to meet the needs for safety.
2. The Parenting Time *Guidelines for Minimum Hours* contained herein are intended merely as the minimum Parenting Time and, when possible and appropriate, provisions for more Parenting Time shall be made.
3. Parenting Time Plans should be based on the circumstances and needs of each family and the reason for the removal of the child from the home. However, when there is a variance from the *Guidelines for Minimum Hours* that results in less parenting time, the reason for the variance must be articulated to all relevant parties to the case, factually based, appropriately documented, and approved by the court.
4. Should there be a conflict between what is in the best interest of the child and what is in the best interest of the parents, the best interest and well-being of the child shall always take precedence in developing and implementing the Parenting Time Plan.
5. Wherever used herein, the term “Parenting Time Plan” shall mean and refer to the schedule developed and implemented for the time the child, parents, and where applicable, siblings spend together.
6. An initial period of Parenting Time should be made available within the first 48 hours and no later than within the first 3 days (72 hours) following physical removal of the child from the home unless there is a court order to the contrary.
7. At the detention hearing, the court shall put into place, or ensure that the Department has put in place a meaningful Parenting Time Plan. The Parenting Time Plan shall remain in place until adjudication or until the family’s circumstances change. Parenting Time may be limited or denied only if it is necessary to protect the child’s health, safety, or welfare, i.e., domestic violence, sexual abuse.
8. In developing the Parenting Time Plan, visits will be supervised from removal until adjudication or further order of the court, unless the case specific Parenting

Time Plan as outlined in paragraph (9) nine recommends otherwise. Pre-existing visitation plans with non-custodial parents will be maintained.

9. Within 45 days following removal of the child from the home, if the child remains in care, the Department shall develop a more case-specific Parenting Time Plan.
10. The Department will seek input from the parents, the child, the guardian ad litem, the CASA worker, foster parent, the county attorney and/or any agency or individual involved with the Parenting Time Plan. Where possible, this Parenting Time Plan should be developed in a family conference with as many of those participants present and other formal and informal supports as possible. Where appropriate and feasible, any other family member with whom the child has a significant attachment, the foster parents, and any service provider who is in a position to offer constructive comment in regard to Parenting Time, and, where applicable, any provider who has assessed the child, the child's family, or the child's circumstance, should be consulted in developing and implementing the Parenting Time Plan. Family members, including non custodial parent(s) and other persons demonstrating significant attachment or commitment to the child should always be considered as resources to facilitate Parenting Time.
11. The Parenting Time Plan should not be rigid, but should allow sufficient flexibility for change as circumstances warrant to ensure the safety and well-being of the child, provided, however, that any aggrieved party may request a hearing before the court.
12. Parenting time shall not be used as a threat or form of discipline to the child or to control or punish the parent.
13. Each party involved in the Parenting Time Plan, including the custodial or non-custodial parent or parents, the Department and individuals or agencies participating in the Parenting Time Plan, are responsible for complying with the Parenting Plan.
14. The following *Guidelines for Minimum Hours* for Parenting Time will be provided in every case unless there are circumstances to justify a variance:

Age Birth to Eighteen Months	Five (5) times a week, daily visits are optimal
Age Eighteen Months to Three years	Four (4) times a week
Age Three to Eight Years	Three (3) times a week, preferably on nonconsecutive days
Age Eight to Fourteen Years	Two (2) times a week

Age Fourteen to Nineteen Years

Two (2) times a week

Families should have additional contact separate from the MINIMUM Hours listed above. Those contacts may include: telephone contact, school activities, doctor's appointments, and other family functions.

Visits should be long enough to promote parent-child attachment. The lengths of visits should gradually increase as the parent(s) show he and/or she is able to respond to the child's cues in consistent and nurturing ways, soothe the child, and attend to the child's needs. Initially limiting visits to one or two hours may allow the parent to experience small successes without becoming overwhelmed. As the family approaches reunification, unsupervised all-day, overnight, and weekend visits should be completed.

15. The *Guidelines for Minimum Hours for Parenting Time* provided in paragraph 14 shall apply in every case, unless, based on the circumstances of each case, a variation is warranted. In considering whether to vary from the Guidelines, consideration shall be given to any circumstances which might exist including, but not limited to, the following:

- (a) Safety, which shall always be of paramount concern;
- (b) Any special purpose for the Parenting Time based on the facts of that particular case;
- (c) The permanency plan for the child;
- (d) Existence of a concurrent plan;
- (e) Participation of siblings, including adults and children;
- (f) Presence of domestic violence;
- (g) The schedules and activities of the children;
- (h) The schedules and activities of the parents;
- (i) The relationship between the child and the current caregiver;
- (j) The relationship between the child and the custodial parent and/or noncustodial parent before and after removal;
- (k) Travel distance;

- (l) The activities planned for Parenting Time;
- (m) The reasons for removal of the child from the home;
- (n) Other existing court orders;
- (o) Placement of the child;
- (p) Placement of the parent; and
- (q) The history of the parent's exercise of parenting time.
- (r) Emotional needs of the child(ren)

16. The particular relationship between siblings in individual cases should always be considered because, generally speaking, sibling contact is at least as important as contact between children and their parents. The preference is that siblings who are removed from their home are placed together unless reasonable clear and articulated reasons explain why separation is in their best interests. However, if siblings cannot be placed together, the Parenting Time Plan shall make specific provisions for contact between siblings unless reasonable clear and articulated reasons explain why there should be no contact. It is not necessary that all siblings be present for all parenting time. Considering the children's ages and activities it may be perfectly appropriate to have some parenting time as a complete family unit, and some spent with various parts of the family unit. Provided however that, the duration, length, or quality of parenting time for one child or parent should not be sacrificed on account of another child or parent.

17. In any case where reunification is still the permanency objective and supervised visitation is still required six months following the removal of the child from the home, clear articulated reasons shall be shown at every review hearing for the necessity of supervised visitation or in the alternative why reunification is still the permanency objective.

Approved by Nebraska Supreme Court Commission on Children in the Courts
June 12, 2009

PARENTING TIME/VISITATION PLAN

Family Name: *(Write in the family name here.)*

Date of Preparation: *(Month/Date/Year)*

The following agreement is entered into between of the Nebraska Health and Human Services System and the following people involved in the parenting time/visitation plan:

(Write in the name(s) of the people involved in the plan here.)

The purpose of this agreement is to assure that while the child is in out-of-home care, the parent-child relationship is maintained and strengthened through regular and frequent contacts.

By clarifying all persons' responsibilities, this agreement will help to assure that contacts are successful and that all persons involved understand their responsibilities.

This agreement will cover the period from *(Month/Date/Year)* to *(Month/Date/Year)*.

At the end of this period, we will evaluate the success of this plan and devise a new agreement if it is necessary.

Additional people present during visits:

(Write in the name of the agency or person supervising the parenting time and any additional people that will be present.)

1. Scheduling:

(Are there issues such as scheduling around school, work or other activities? What will happen on holidays, etc.)

2. Frequency, length, and location of visits:

(When, how long, where? Be as specific as possible.)

3. Monitoring or Supervision:

(Are the contacts completely supervised or monitored?)

4. Transportation:

(Be specific about who will transport the child(ren) to and from visitations/parenting time, when and where they will be picked up/dropped off.)

5. Plan for emergencies:

(What will happen if there is an emergency? Who will be called? Actions to be taken?)

6. Plan for handling problems associated with parenting time/visits:

(List any specifics that may arise and how to deal with them.)

7. Other issues:

(List any other case specific issues.)

_____ Parent	_____ Date
_____ Parent	_____ Date
_____ Worker	_____ Date
_____ Worker	_____ Date
_____ Other person involved in parenting time/visitation	_____ Date
_____ Other person involved in parenting time/visitation	_____ Date
_____ Other person involved in parenting time/visitation	_____ Date
_____ Other person involved in parenting time/visitation	_____ Date

Parents

Foster Care Provider

Other Person(s) supervising parenting time/visitation

Case Record

PARENTING TIME/VISITATION PLAN

Family Name: Jones

Date of Preparation: September 15, 2011

The following agreement is entered into between of the Nebraska Health and Human Services System and the following people involved in the parenting time/visitation plan:

Heather Jones (mother), Randy Jones (father), Tina Jones (child), Sonya Jones (child), Teresa Jones (child)

The purpose of this agreement is to assure that while the child is in out-of-home care, the parent-child relationship is maintained and strengthened through regular and frequent contacts.

By clarifying all persons' responsibilities, this agreement will help to assure that contacts are successful and that all persons involved understand their responsibilities.

This agreement will cover the period from 9-20-11 to 1-31-12.

At the end of this period, we will evaluate the success of this plan and devise a new agreement if it is necessary.

Additional people present during visits:

Agency will supervise the parenting time between the three children and their parents. Randy's mother, Juanita Jones, may be at one parenting time per week. Juanita is expected to follow the parenting time plan. No other persons are allowed at the parenting times unless pre-approved by the worker.

1. Scheduling:

Parenting times are scheduled according to the children's school schedule and the parents work schedule. On non-school days the parenting time may be longer if pre-approved by the worker. There are no parenting times scheduled on days when Agency is closed. Holiday parenting time can be pre-arranged for another day or with someone else supervising if pre-approved by the worker. The foster parent's schedules need to be considered as well when scheduling.

2. Frequency, length, and location of visits:

Monday, Wednesday and Friday 4:00 PM until 7:30 PM
Tuesday and Thursday 5:30 PM until 7:30 PM
Saturdays and Sundays 9:00 AM until 4:00 PM

All parenting times will take place in the home of Heather and Randy Jones. If the family home is not able to be used for parenting time the visits will happen in the community or at Agency.

3. Monitoring or Supervision:

All parenting times are to be completely supervised at this time. This can be reevaluated at a later date to see if the parenting times can move to monitored or semi-supervised.

4. Transportation:

The visitation worker will pick the children up from the after school program Monday-Friday at the set time and transport them to the family home. After the parenting time the visitation worker will return the children to the foster home.

On Saturdays and Sundays the visitation worker will pick the children up at the foster home and take to the family home. The visitation worker will return the children to the foster home after the parenting time.

5. Plan for emergencies:

In an emergency call 911. Call the worker at 402-867-5309. If the worker cannot be reached call the on-call worker or the CFS hotline at 1-800-652-1999.

6. Plan for handling problems associated with parenting time/visits:

If the parents start to argue during parenting time the visitation worker will give them one prompt to stop. If they do not stop the parenting time will end and the children will be returned to the foster home. If either parent appears to be under the influence of any drugs or alcohol (slurred speech, unable to walk straight, incoherent,...) the visit will end immediately.

7. Other issues:

Juanita is to only be at one parenting time per week. This is to assure the parenting time is used to strengthen the parent-child relationship. When Juanita does attend the parenting time she is not to take over the parental role with the children.

_____ Parent	_____ Date
_____ Parent	_____ Date
_____ Worker	_____ Date
_____ Other person involved in parenting time/visitation	_____ Date
_____ Other person involved in parenting time/visitation	_____ Date

Parents

Foster Care Provider

Other Person(s) supervising parenting time/visitation

Case Record